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HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaliethics.org

TATE ETHICS OF

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI LOBBYIST NAME(Last) (First) (Middle) TELEPHONE Dang Marvin S. C. 521-8521 MAILING ADDRESS (Street) FAX P.O. Box 4109 521-8522 (City) (State) (Zip Code) Honolulu 96812-4109 Hawaii EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE MAILING ADDRESS (Street) FAX (City) (State) (Zip Code)

PART II ORGANIZATIO)N			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Primerica Financial Services Home Mortgages, Inc.			TELEPHONE (770) 564-6471	
3120 Breckinridge Boulevard			(770) 923-4239	
(City)	(State)	(Zip	Code)	
Duluth	Georgia	30099-0001		
NAME OF PERSON RESPONSIBL	E FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Marvin S. C. Dang			521-8521	
MAILING ADDRESS (Street)			FAX	
P.O. Box 4109			521-8522	
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	96	8812-4109	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV CERTIFICATION	N OF LOBBYIST				
The second secon	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
MA	11809	1/	2.0/05		
	(Signature of Lobbyist)	(0	ate)		
PART V AUTHORIZATIO	N TO LOBBY				
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
I ALVIAIR		TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED		
			OR PERSON REPRESENTED		
	mi+h		OR PERSON REPRESENTED		
Wanda S. S		EVP	EPHONE		
Wanda S. S.	olicable)	EVP	EPHONE		
Wanda S. S	olicable)	EVP			
Wanda S. S. NAME OF ORGANIZATION (if appropriate appropriate control of the cont	olicable)	EVP	EPHONE (0) 564-6471		
Wanda S. S NAME OF ORGANIZATION (if app Primerica Financial Services MAILING ADDRESS (Street)	olicable) Home Mortgages, Inc.	EVP TELL (77	EPHONE '0) 564-6471		
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